

*9-16-82*

*Degner*

**Norplex** Division  
1300 Norplex Drive • P.O. Box 1448  
La Crosse, Wisconsin 54601  
Telephone 608-784-6070•Telex 29-3422  
FAX 608-784-7753

U.S. Operations: La Crosse, Wisconsin - Headquarters  
Black River Falls, WI; Chandler, AZ; Franklin, IN; Postville, IA  
European Operation: Wipperfürth, West Germany  
Pacific Headquarters: Kowloon, Hong Kong

August 24, 1982

Mr. Dennis Degner  
Senior Environmental Engineer  
Permits Section  
Waste Management Branch  
Air and Waste Management Division  
U.S. Environmental Protection Agency  
Region VIII  
324 East 11 Street  
Kansas City, Missouri 64106

Dear Mr. Degner:

On approximately April 1st of 1982 Norplex Division of UOP Inc. received a Part B call for its Postville, Iowa facility. After a thorough review of the facts, Norplex Division is, via this instrument, respectfully requesting to be withdrawn from Part B status and accordingly revert to generator status.

I should mention that the storage area as a generator will remain the same as when Postville, Iowa had T/S/D status. Management feels that such a location is most appropriate to safeguard hazardous waste being accumulated for shipment and disposal.

Also please find enclosed an amended Part A application. Originally a 5,500 gallon SO-2 was included. This was in error and has therefore been deleted. There was, however, waste in the SO-2 in question. Division management does not feel that the residue (hardened phenolic resin) is a hazardous waste. However, pursuant to your request, we had the waste analyzed by an independent laboratory. We trust you will agree with Norplex upon a review of the lab analysis.

*...HM/SWMG*



AUG 27 1982

Region VII K.C., MO

August 24, 1982  
Page 2

Thank you for your kind consideration. Should you have any questions, please feel free to contact myself or George Stunyo at our La Crosse facility.

Sincerely,

NORPLEX DIVISION  
UOP Inc.



A. K. Sparks  
Vice President & General Manager

AKS:mm

cc: G. Evans, Iowa D.E.Q.  
C. Englebert  
R. Haldeman

# A & A CHEMICAL LABORATORY

P.O. Box 2406

La Crosse, WI 54601

(608) 788-4425

Reported To: Mr. George Stunyo  
Norplex Div-UOP  
1300 Norplex Dr.  
LaCrosse, WI 54601

Date: 8-13-82

Laboratory No.: 16142 A & B

Page 1 of 2

## LABORATORY REPORT

Sample Identification: Solidified resin material from Postville, Iowa

### Tests and Results:

Lab No.	16142
pH (aqueous extract)	6.59
Flash Point, °F	greater than 145° Solid sample burns when subjected to a direct flame (approx. 1800°C) but not vigorously.
1,1 Dichloroethylene, ppb	36.
1,1,1 Trichloroethane, ppb	470.
1,1,2 Trichloroethylene, ppb	160.
Tetrachloroethene, ppb	74.
Total Cyanide (whole sample), mg/kg	0.34
Total Phenol (whole sample), mg/kg	18,000.

### EPA Extract

pH of extract (final)	4.3
Arsenic, mg/l	< 0.5
Barium, mg/l	0.25

As a mutual protection to clients, the public and ourselves, all reports are submitted as the confidential property of clients and authorization for publication of statements, conclusions or extracts from or regarding our reports is reserved pending our written approval. Our reports apply only to the samples tested.

# A & A CHEMICAL LABORATORY

P.O. Box 2406

La Crosse, WI 54601

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Reported To: Mr. George Stunyo  
Norplex Div-UOP  
1300 Norplex Dr.  
LaCrosse, WI 54601

Date: 8-13-82

Laboratory No.: 16142 A & B

Page 2 of 2

## LABORATORY REPORT

Sample Identification: Solidified resin material from Postville, Iowa

### Tests and Results:

#### EPA Extract continued

Cadmium, mg/l	< 0.01
Chromium (total), mg/l	< 0.05
Chromium (+6), mg/l	< 0.02
Copper, mg/l	< 0.05
Fluoride, mg/l	< 0.04
Lead, mg/l	< 0.10
Mercury (total), mg/l	< 0.0002
Nitrate, mg/l	< 0.10
Selenium, mg/l	< 0.50
Silver, mg/l	< 0.04
Zinc, mg/l	0.13

< means "less than"

As a mutual protection to clients, the public and ourselves, all reports are submitted as the confidential property of clients and authorization for publication of statements, conclusions or extracts from or regarding our reports is reserved pending our written approval. Our reports apply only to the samples tested.

FOLIO



## GENERAL INFORMATION

Consolidated Permits Program  
(Read the "General Instructions" before starting.)

3 Sept 1982

I. EPA I.D. NUMBER

IA 073489288

I. EPA I.D. NUMBER
III. FACILITY NAME
V. FACILITY MAILING ADDRESS
VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

## II. POLLUTANT CHARACTERISTICS

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X' YES NO	FORM ATTACHED	SPECIFIC QUESTIONS	MARK 'X' YES NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)	X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the froth leach process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	X	

## III. NAME OF FACILITY

1 SKIP NORPLEX DIVISION UOP INC POSTVILLE IA

14-22-10

## IV. FACILITY CONTACT

2 ENGLEBERT CHUCK PLANT MGR 319 864 7321

## V. FACILITY MAILING ADDRESS

3 BOX 445

4 POSTVILLE

5 NORTH EAST COUNTY RD 52162

6 ELLAMAKEE

7 POSTVILLE

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	C. STATE	D. ZIP CODE
NORTH EAST COUNTY RD	IA	52162
B. COUNTY NAME		
ELLAMAKEE		
C. CITY OR TOWN	E. STATE	F. COUNTY CODE
POSTVILLE	IA	52162

A. FIRST

30 79 (specify) MISC PLASTIC Products

B. SECOND

C. THIRD

(specify)

D. FOURTH

(specify)

## OPERATOR INFORMATION

A. NAME

TOP INC

D. Is the name listed in Item VIII-A also the owner?

 YES  NO  
66

## C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)

FEDERAL M = PUBLIC (other than federal or state)  
 STATE O = OTHER (specify)

P (specify)

D. PHONE (area code &amp; no.)

C 312 391 2000  
A 53 14 15 16 17 18 19 20 21 22 23

E. STREET OR P.O. BOX

N WOP PLAZA

F. CITY OR TOWN

ES PLAINES

G. STATE

IL 60016

H. ZIP CODE

I. INDIAN LANDS

51

Is the facility located on Indian lands?  
 YES  NO  
52

## EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)

6-03-75-1-01

B. PSD (Air Emissions from Proposed Sources)

9 P

C. UIC (Underground Injection of Fluids)

9

D. OTHER (specify)

(specify)

E. RCRA (Hazardous Wastes)

JAD 073489288

F. OTHER (specify)

9 73-A-100

(specify)

DEQ Permit/Air Emission

With this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

NATURE OF BUSINESS (provide a brief description):

PLANT MANUFACTURES INDUSTRIAL THERMOSETTING PLASTIC LAMINATES

## CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (Official Title) (type or print)

A.K. SPARKS

V.P. &amp; GENERAL MANAGER

B. SIGNATURE

C. DATE SIGNED

MEN'S FOR OFFICIAL USE ONLY

FORM NO. 2540-01	U.S. ENVIRONMENTAL PROTECTION AGENCY	HAZARDOUS WASTE PERMIT APPLICATION	1. EPA I.D. NUMBER
		Consolidated Permits Program	<input type="text"/>
(This information is required under Section 3095 of P.C.R.A.)			
OR OFFICIAL USE ONLY			
APPLICATION DATE RECEIVED		COMMENTS	
APPROVED (yr. mo. & day)			

**I. FIRST OR REVISED APPLICATION**

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

**C. FIRST APPLICATION** (place an "X" below and provide the appropriate date)

1. EXISTING FACILITY (See instructions for definition of "existing" facility.  
Complete item below.)

2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day)  
OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED  
(use the boxes to the left)

FOR NEW FACILITIES,  
PROVIDE THE DATE  
(yr., mo., & day) OPERA-  
TION BEGAN OR IS  
EXPECTED TO BEGIN

**E. REVISED APPLICATION** (place an "X" below and complete Item I above)

1. FACILITY HAS INTERIM STATUS

2. FACILITY HAS A RCRA PERMIT

**II. PROCESSES - CODES AND DESIGN CAPACITIES**

**V. PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

**VI. PROCESS DESIGN CAPACITY** - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<u>Storage:</u>			<u>Treatment:</u>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS			
<u>Disposal:</u>			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incin- erators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS.....	G	LITERS PER DAY .....	V	ACRE-FEET.....	A
LITERS.....	L	TONS PER HOUR .....	D	HECTARE-METER.....	F
CUBIC YARDS.....	Y	METRIC TONS PER HOUR.....	W	ACRES.....	B
CUBIC METERS.....	C	GALLONS PER HOUR .....	E	HECTARES.....	Q
GALLONS PER DAY .....	U	LITERS PER HOUR .....	H		

**EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below):** A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY			C. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY			FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEA- SURE (enter code)	FOR OFFICIAL USE ONLY		1. AMOUNT	2. UNIT OF MEA- SURE (enter code)	FOR OFFICIAL USE ONLY	
X-1	S01	600	G		5				
X-2	T03	20	E		6				
1	S01	2000 (36 x 55)			7				
2	S02	REMOVED			8				
3					9				
4					10				

## DESCRIPTION OF HAZARDOUS WASTES

**EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**ESTIMATED ANNUAL QUANTITY** – For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed wastes/ that will be handled which possess that characteristic or contaminant.

**UNIT OF MEASURE** – For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

<u>ENGLISH UNIT OF MEASURE</u>	<u>CODE</u>
POUNDS . . . . .	P
TONS . . . . .	T

**METRIC UNIT OF MEASURE** **CODE**  
KILOGRAMS . . . . . K  
METRIC TONS . . . . . M

<sup>1</sup> facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

## PROCESSES

#### 1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the front page.

E: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER – Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- . Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
  - . In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
  - . Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (Shown in line numbers X-1, X-2, X-3, and X-4 below) —** A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 200 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

Joined from page 2

*E: Photocopy this page before completing if you have more than 20 wastes to list.*

Form Approved OMB No. 158-SS0001

## V. DESCRIPTION OF HAZARDOUS WASTES (continued)

USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE

EPA I.D. NO. (enter from page 1)

IA	D	O	7	3	4	8	9	2	8	8	1/AC
											6

## FACILITY DRAWING

Existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

## PHOTOGRAPHS

Existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

## I. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)	LONGITUDE (degrees, minutes, & seconds)
43 05 00.2 65 66 67 18 69 - 71	091 33 01.3 72 73 74 75 76 77 78

## II. FACILITY OWNER

A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER		2. PHONE NO. (area code & no.)									
		95	10	-	38	59	-	61	62	-	65
3. STREET OR P.O. BOX		4. CITY OR TOWN		5. ST.		6. ZIP CODE					
		C	G								

## OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type) <b>A. K. SPARKS</b> <b>V.P. &amp; GENERAL MANAGER</b>	B. SIGNATURE	C. DATE SIGNED
--	--------------	----------------

## OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
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FORM 1

S. E. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

GENERAL

I. POLLUTANT CHARACTERISTICS

1. EPA I.D. NUMBER

II. FACILITY NAME

FACILITY MAILING ADDRESS

III. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

IV. EPA I.D. NUMBER

5 F I A D 0 7 3 4 8 9 2 8 8

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-D which must be completed regardless). Complete all items II if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

V. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)	X			B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	X		
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	X		
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	X		
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	X			H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the froth process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	X		
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	X			J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	X		

VI. NAME OF FACILITY

SKIP NORPLEX DIVISION UDP INC POSTVILLE IA

V. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)

ENGLEBERT CHUCK PLANT MGR

B. PHONE (area code & no.)

319 864 7321

VI. FACILITY MAILING ADDRESS

AT STREET OR P.O. BOX

BOX 445

B. CITY OR TOWN

POSTVILLE

C. STATE

IA 52162

D. ZIP CODE

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

NORTHEAST COUNTY RD

B. COUNTY NAME

LLAMAKEE

C. CITY OR TOWN

POSTVILLE

D. STATE

IA 52162

E. ZIP CODE

IA 52162

F. COUNTY CODE

IA 52162

A. FIRST

079	(specify)
-----	-----------

MISC PLASTIC Products

7	1
15	16
17	18

B. SECOND

7	1
15	16
17	18

C. THIRD

1	(specify)
15	16

D. FOURTH

7	1
15	16
17	18

## OPERATOR INFORMATION

A. NAME

OP INC

D. Is the name listed in Item VIII-A also the owner?  
 YES  NO  
66

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)

FEDERAL M = PUBLIC (other than federal or state)  
STATE  
PRIVATE O = OTHER (specify)

P (specify)

D. PHONE (area code &amp; no.)

C	1	2	3	9	1	2	0	0	0
A	3	1	2	3	9	1	2	0	0
15	16	17	18	19	20	21	22	23	24

E. STREET OR P.O. BOX

N 400 PLAZA

F. CITY OR TOWN

ES PLAINES

G. STATE

IL

H. ZIP CODE

60016

IX. INDIAN LAND

Is the facility located on Indian lands?

 YES  NO  
52

ILLEGIBLE DOCUMENT

## EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)

6-03-75-1-01

D. PSD (Air Emissions from Proposed Sources)

C	T	I	1	1	1	1	1	1	1
9	P								
15	16	17	18	19	20	21	22	23	24

B. UIC (Underground Injection of Fluids)

E. OTHER (specify)

(specify)

C. RCRA (Hazardous Wastes)

IAD073489288

E. OTHER (specify)

(specify)

DEQ Permit/Air Emission

ch to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

NATURE OF BUSINESS (provide a brief description)

PLANT MANUFACTURES INDUSTRIAL THERMOSETTING PLASTIC LAMINATES

## CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

MAY 6 OFFICIAL COPY (type or print)

A.K. SPARKS

V.P. &amp; General Manager

MENT FOR OFFICIAL USE ONLY

D. SIGNATURE

Allen K. Sparks

C. DATE SIGNED

9-14-82

FORM 6. RCRA	ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)		
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1. EPA I.D. NUMBER

OR OFFICIAL USE ONLY		
APPLICATION APPROVED	DATE RECEIVED (yr. mo. & day)	COMMENTS

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
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**FIRST OR REVISED APPLICATION**

Check an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item 1 above.

**FIRST APPLICATION** (place an "X" below and provide the appropriate date)

1. EXISTING FACILITY (See instructions for definition of "existing" facility.  
Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day)  
OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED  
(use the boxes to the left)

**REVISED APPLICATION** (place an "X" below and complete Item 1 above)

1. FACILITY HAS INTERIM STATUS

2. NEW FACILITY (Complete item below.)  
FOR NEW FACILITIES,  
PROVIDE THE DATE  
(yr., mo., & day) OPERA-  
TION BEGAN OR IS  
EXPECTED TO BEGIN

2. FACILITY HAS A RCRA PERMIT

**I. PROCESSES - CODES AND DESIGN CAPACITIES**

PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.  
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS			
Disposal:					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or inciner- ators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS . . . . .	G	LITERS PER DAY . . . . .	V	ACRE-FEET . . . . .	A
LITERS . . . . .	L	TONS PER HOUR . . . . .	D	HECTARE-METER . . . . .	F
CUBIC YARDS . . . . .	Y	METRIC TONS PER HOUR . . . . .	W	ACRFS . . . . .	B
CUBIC METERS . . . . .	C	GALLONS PER HOUR . . . . .	E	HECTARES . . . . .	Q
GALLONS PER DAY . . . . .	U	LITERS PER HOUR . . . . .	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

DUP		T/A/C	13	14	15										
NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY			FOR OFFICIAL USE ONLY	NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY			FOR OFFICIAL USE ONLY				
		1. AMOUNT (specify)	2. UNIT OF MEA- SURE (enter code)	1. AMOUNT				2. UNIT OF MEA- SURE (enter code)							
16	17	18	21	22	23	16	17	18	21	22	23	16	17	18	
-1	S02	600	G		5	-1	S01	2000 (36x55)				-1	S02	Removed	
-2	T03	20	E		6	-2						-2			
1	S01	2000 (36x55)			7	1						1			
2	S02	Removed			8	2						2			
3					9	3						3			
4					10	4						4			

DOCUMENTI

## DESCRIPTION OF HAZARDOUS WASTES

**PA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number/s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**ESTIMATED ANNUAL QUANTITY** – For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**UNIT OF MEASURE** – For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE
POUNDS.	P
TONS.	T

METRIC UNIT OF MEASURE	CODE
KILOGRAMS . . . . .	K
METRIC TONS . . . . .	M

<sup>1</sup> facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

## ROCESSES

. PROCESS CODES:

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

E: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER – Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
  - In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
  - Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) –** A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

A. EPA HAZARD WASTENO (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEA- SURE (enter code)	D. PROCESSES						
			1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))		
K 0 5 4	900	P	T 0 3	D 8 0					
D 0 0 2	400	P	T 0 3	D 8 0					
D 0 0 1	100	P	T 0 3	D 8 0					
D 0 0 2			T T	T T	T T	T T	T T	T T	T T

Continued from page 2.

E: Photocopy this page before completing it if you have more than 26 wastes to list.

Form Approved OMB No. 158-SF0001

EPA I.D. NUMBER (Enter from page 1)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528	529	530	531	532	533	534	535	536	537	538	539	540	541	542	543	544	545	546	547	548	549	550	551	552	553	554	555	556	557	558	559	560	561	562	563	564	565	566	567	568	569	570	571	572	573	574	575	576	577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592	593	594	595	596	597	598	599	600	601	602	603	604	605	606	607	608	609	610	611	612	613	614	615	616	617	618	619	620	621	622	623	624	625	626	627	628	629	630	631	632	633	634	635	636	637	638	639	640	641	642	643	644	645	646	647	648	649	650	651	652	653	654	655	656	657	658	659	660	661	662	663	664	665	666	667	668	669	670	671	672	673	674	675	676	677	678	679	680	681	682	683	684	685	686	687	688	689	690	691	692	693	694	695	696	697	698	699	700	701	702	703	704	705	706	707	708	709	710	711	712	713	714	715	716	717	718	719	720	721	722	723	724	725	726	727	728	729	730	731	732	733	734	735	736	737	738	739	740	741	742	743	744	745	746	747	748	749	750	751	752	753	754	755	756	757	758	759	760	761	762	763	764	765	766	767	768	769	770	771	772	773	774	775	776	777	778	779	780	781	782	783	784	785	786	787	788	789	790	791	792	793	794	795	796	797	798	799	800	801	802	803	804	805	806	807	808	809	810	811	812	813	814	815	816	817	818	819	820	821	822	823	824	825	826	827	828	829	830	831	832	833	834	835	836	837	838	839	840	841	842	843	844	845	846	847	848	849	850	851	852	853	854	855	856	857	858	859	860	861	862	863	864	865	866	867	868	869	870	871	872	873	874	875	876	877	878	879	880	881	882	883	884	885	886	887	888	889	890	891	892	893	894	895	896	897	898	899	900	901	902	903	904	905	906	907	908	909	910	911	912	913	914	915	916	917	918	919	920	921	922	923	924	925	926	927	928	929	930	931	932	933	934	935	936	937	938	939	940	941	942	943	944	945	946	947	948	949	950	951	952	953	954	955	956	957	958	959	960	961	962	963	964	965	966	967	968	969	970	971	972	973	974	975	976	977	978	979	980	981	982	983	984	985	986	987	988	989	990	991	992	993	994	995	996	997	998	999	1000	1001	1002	1003	1004	1005	1006	1007	1008	1009	10010	10011	10012	10013	10014	10015	10016	10017	10018	10019	10020	10021	10022	10023	10024	10025	10026	10027	10028	10029	10030	10031	10032	10033	10034	10035	10036	10037	10038	10039	10040	10041	10042	10043	10044	10045	10046	10047	10048	10049	10050	10051	10052	10053	10054	10055	10056	10057	10058	10059	10060	10061	10062	10063	10064	10065	10066	10067	10068	10069	10070	10071	10072	10073	10074	10075	10076	10077	10078	10079	10080	10081	10082	10083	10084	10085	10086	10087	10088	10089	10090	10091	10092	10093	10094	10095	10096	10097	10098	10099	100100	100101	100102	100103	100104	100105	100106	100107	100108	100109	100110	100111	100112	100113	100114	100115	100116	100117	100118	100119	100120	100121	100122	100123	100124	100125	100126	100127	100128	100129	100130	100131	100132	100133	100134	100135	100136	100137	100138	100139	100140	100141	100142	100143	100144	100145	100146	100147	100148	100149	100150	100151	100152	100153	100154	100155	100156	100157	100158	100159	100160	100161	100162	100163	100164	100165	100166	100167	100168	100169	100170	100171	100172	100173	1001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**ILLEGIBLE DOCUMENT**

EPA I.D. NO. (enter from page 1)  
TAD073489288 TAC  
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## **FACILITY DRAWING**

**existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).**

## PHOTOGRAPHS

existing facilities must include photographs (*aerial or ground-level*) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (*see instructions for more detail*).

FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)      LONGITUDE (degrees, minutes, & seconds)

43	05	00	2	09	33	01	3
65	66	67	68	69	-	70	

1. FACILITY OWNED

**I. FACILITY OWNER**

A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

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**OWNER CERTIFICATION**

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I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type) A. K. SPARKS V.P. & GENERAL MANAGER	B. SIGNATURE <i>Allen K. Sparks</i>	C. DATE SIGNED 9/14/82
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## OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED